

CHANGE OF BENEFICIARY FORM

To Whom It May Concern:

Revoking hereby any previous nomination, which may be consistent herewith. I hereby nominate the following as my beneficiary or beneficiaries:

Name: _____
Address: _____

Social Security Number: _____
Date of Birth: _____ Relationship: _____

(Note: If you wish to nominate more than one beneficiary list all names, addresses, birthdays, and social security numbers on back of this sheet).

In case of the death of my primary beneficiary(ies), I hereby name the following as my alternate beneficiary:

Name: _____
Address: _____

Social Security Number: _____
Date of Birth: _____ Relationship: _____

(Note: If you wish to nominate more than one beneficiary list all names, addresses, birthdays, and social security numbers on back of this sheet).

I hereby request and authorize the Seattle City Employees' Retirement System to pay my above beneficiary or beneficiaries the following:

1. All of the accumulated contributions which may be payable because of my death.
2. The death benefit.

Should I survive the above named beneficiary or beneficiaries, I request and authorize that such payment be paid to my estate or to such other beneficiary or beneficiaries as I may hereafter nominate by written designation duly filed with the Seattle City Employees' Retirement System.

Date: _____

_____ PRINTED NAME OF MEMBER	_____ WITNESS
_____ SIGNATURE OF MEMBER	_____ ADDRESS
_____ SOCIAL SECURITY NUMBER	_____ WITNESS
	_____ ADDRESS

NOTE: BENEFICIARIES CANNOT BE WITNESSES

The following beneficiary(ies) are hereby designated as my ☐ **primary** or ☐ **alternate** (*select one*).
The beneficiary(ies) will share equally or as designated (i.e. 20%, 30% and 50%):

Name: _____

Address: _____

Social Security Number: _____

Date of Birth: _____ Relationship: _____

Name: _____

Address: _____

Social Security Number: _____

Date of Birth: _____ Relationship: _____

Name: _____

Address: _____

Social Security Number: _____

Date of Birth: _____ Relationship: _____

Name: _____

Address: _____

Social Security Number: _____

Date of Birth: _____ Relationship: _____